

NEBRASKA
Selective Overtime Enforcement
Activity Summary

This activity summary must be completed and returned with your reimbursement request.

Agency _____

Contact Person _____

E-Mail _____

Phone _____ FAX _____

Type of Enforcement Operation (check all that apply):

Checkpoint

Enforcement Zone (specific roadway)

Saturation Patrol

Regular Enforcement

Enforcement dates _____

- _____ # of officers participating
- _____ # of hours worked by participating officers
- _____ # of citations issued for speeding
- _____ # of arrests for DWI/DUI
- _____ # of citations issued for minor in possession (MIP)
- _____ # of citations issued for open container
- _____ # of citations issued for violation of safety belt law
- _____ # of citations issued for violation of child passenger safety law
- _____ # of **total** citations issued
- _____ # of warnings issued for violation of safety belt law
- _____ # of warnings issued for violation of child passenger safety law
- _____ # of **total** warnings issued

Other notable activity
